

Commercial Mobile Radio Service  
Emergency Telecommunications Board



**2015**  
**Competitive**  
**Grant Application**

***ATTN: In addition to the supporting documentation you choose to incorporate to illustrate your need and request, only those pages within this document labeled (REQUIRED) in the bottom left corner should be included in your application.***

## **Eligibility**

The Kentucky CMRS Board Grant Fund exists under the authority of KRS 65.7631(2), which states: ... “the CMRS Grant Fund shall be disbursed or reserved for disbursement by the CMRS board to provide direct grants or matching money:

1. for the establishment and improvement of E911 services in the Commonwealth;
2. for incentives to create more efficient delivery of E911 services by local governments receiving funding under KRS 65.7631(3);
3. for improvement of 911 infrastructure by wireless carriers receiving funding under KRS 65.7631(4); and
4. for consolidation reimbursement of one hundred thousand dollars (\$100,000) per Public Safety Answering Point (PSAP), not to exceed two hundred thousand dollars (\$200,000) per county, to any PSAP that consolidates with a CMRS certified PSAP, or creates a newly consolidated Phase II compliant PSAP. Funds shall be applied toward the cost of consolidating. If a PSAP consolidates and receives reimbursement, the CMRS Board shall not certify a new PSAP within the same county for a period of ten (10) years.”

\*The CMRS PSAP Consolidation Grant is a separate, non-competitive application and should not be applied for through this application process. If you are interested in receiving a CMRS PSAP Consolidation Grant, please contact the CMRS Board Office for more information.

## **General Procedures**

- The applicant must provide one original and six (6) copies of the completed grant application received by **4:30 pm on Wednesday, December 1<sup>st</sup>, 2015** at the CMRS Board Office, 125 Holmes Street, Suite 310, Frankfort.
- Applications can be postmarked by 12/1/15 but **MUST BE** sent using either Fed Ex or UPS with expedited shipping recommended.

## **Accounting and Reporting Procedures**

- Reimbursement by the CMRS Board to the grantee shall be made using the Commonwealth of Kentucky statewide accounting system, eMars. The CMRS Board agrees to handle all reimbursements in a prompt manner and accepts the responsibility of notifying the grantee if more documentation is needed to complete a reimbursement.
- Grantees will be required to submit quarterly reports summarizing all expenditures and status of the grant project. The applicant shall be notified when reports are not received. **New in 2015, the grantees’ first quarterly report must be accompanied by a copy of the signed contract with the vendor chosen to complete the project.** Funding continuance will be based on timely submission of quarterly reports. A final site visit may be scheduled after the completion of the grant to review activities, expenditures and how the needs of the grant application were met. Documentation of all expenditures must be readily available during this time. If a final onsite visit is not scheduled, the grantee must complete a “CMRS Grant Self-Closeout Report” for the CMRS Board.
- Equipment obtained under a grant cannot be transferred. If a sale or transfer of such equipment occurs within three years after a grant ends, funds must be returned on a pro rata basis.
- Changes or departures from the original request must be approved in writing. The CMRS Grant Committee will review such requests and make a recommendation to the full CMRS Board for approval or denial. All requests shall be submitted in writing. Any unauthorized change shall require the return of grant funds. Requests for changes to the grantee’s scope of work will not be approved unless the modification request

reflects the original approved goal of the grant and the change demonstrably increases the financial and technological stability of the project.

## **Application Process**

- Applications should be collated and compiled in the following order:

	<u>Current Page in Application</u>
○ CMRS Grant Application – Cover Sheet	(Page 8)
○ 2015 CMRS Grant Fund Information Form	(Page 9-10)
○ PSAP Revenue/Expenditure Report, FY15 (right click to edit)	(Page 11)
○ PSAP Budget, FY16 (right click to edit)	(Page 12)
○ Project Description/Justification	(Page 14)
○ Assurances/Authority	(Page 15)
○ Category 1 Selection Form (if applicable)	(Page 18)
○ 2015 CMRS Grant Proper Procurement Declaration	(Page 19-20)
▪ <i>Attachments supporting the selected procurement process should follow this form.</i>	
- It is recommended that information submitted in applications be typed using a Times New Roman, 12 point font.
- Applications and reports **must** be delivered to address below.
- Applications can be postmarked by 12/1 but **MUST BE** sent using either Fed Ex or UPS with expedited shipping recommended.

### **2015 CMRS GRANT FUND**

#### **CMRS Board**

125 Holmes Street, Suite 310  
Frankfort, Kentucky 40601

## **Kentucky CMRS Grant Fund Calendar**

- |  |                                       |
|--|---------------------------------------|
| • CMRS Grant Workshop (KESC Conference, 1pm)                     | <b>September 9<sup>th</sup>, 2015</b> |
| • Additional CMRS Grant Workshop (CMRS Board Office)             | <b>TBD</b>                            |
| • Applications Due   | <b>December 1<sup>st</sup>, 2015</b>  |
| • CMRS Grant Committee evaluates applications                    | <b>December/January</b>               |
| • CMRS Board approves applications at regular meeting            | <b>February 2016</b>                  |
| • CMRS Board sends notification to agencies approved for funding | <b>February 2016</b>                  |
| • Paperwork collected from grantee to initiate contract          | <b>March 2016</b>                     |
| • Grant contracts initiated/start date                           | <b>April 1<sup>st</sup>, 2016</b>     |

## **Summary of the CMRS Board's State 911 Plan**

Through deliberate and thoughtful research, the conclusion was reached by the CMRS Board to deploy an IP based network managed by the State to receive, process, route and deliver all calls to 9-1-1 within the Commonwealth.

The current delivery method of 9-1-1 is hindered by outdated technologies and networking. Current methods of adopting emerging technologies are hindered, if not blocked, by the analog environment traditional 9-1-1 systems employ. As is common within the United States, the evolution of 9-1-1 is based upon local government's ability to provide this service. The unmistakable result is a collection of independent and stand-alone deployments with little if any ability to utilize available resources to the benefit of emergency services. Migration from today's legacy analog systems to a privately managed IP network will result in the mitigation of these issues to the benefit of all.

The deployment of this statewide network will provide a uniform method of call delivery without regard to PSAP size or capabilities and offer the service provider a streamlined method of delivering calls to the emergency service providers of the Commonwealth. With the deployment of a network on the CMRS Board's immediate agenda, it is imperative that PSAPs embark on projects that will be compatible with the planned network once it is fully deployed.

### **NG9-1-1 Capabilities**

NG9-1-1 enables a wealth of enhanced emergency (9-1-1) request processing and response capabilities including:

1. Enables present and future handset technology such as the delivery of text messages, video, and images to Public Safety Answering Points (PSAPs) and emergency responders.
2. Support for the delivery of telematics device information (automatically detected automobile accidents, health alarm monitors, and other emergency detection devices) directly to a PSAP without having to go through an intermediary call center.
3. Enhance support for VoIP emergency calls.
4. Pre-validated location information delivered with the emergency request rather than after the emergency request is delivered to a PSAP.
5. Robust emergency request routing that supports the automatic re-routing of emergency requests (9-1-1 calls) if the destination PSAP is inoperable or busy.
6. Adoption of policy, rules, and procedures that will automatically route an emergency request to the appropriate PSAP.
7. Enables access to supplemental incident information available on a variety of emergency databases, law enforcement/crime databases, medical databases, records management, hospital, court, jail management, and other relevant systems that interface each other through the NG9-1-1 network.
8. Speeding up the delivery of emergency requests to the appropriate PSAP.
9. Cost and operational efficiencies gained through the use of standardized interfaces among disparate systems and databases.
10. Rapid support for emerging technologies in emergency request processing and response.

# **2014 CMRS Grant Application Guidelines**

## **Mandatory Project Requirement**

Application is consistent with State 911 Plan (the plan can be found at <http://cmrsboard.ky.gov> ).

## **Project Priorities (in no particular order):**

- 1) Emergency –dire need just to survive
- 2) Compliance with State 911 Plan and NG911 Themes (IP based technologies, networking, etc)
- 3) Efficiency in cost and/or service delivery
- 4) Regional Impact/Regionalization
- 4) Innovation
- 5) The applicant exhibits sustainability/project helps the applicant become more sustainable

## **Funding Categories (not listed by order of importance):**

- 1) Connection to existing Host/Remote configuration approved by the Board.
- 2) New or improved 911 PSAP support equipment.
- 3) Regional Host/Remote project proposals outside of current Board approved deployments.
- 4) Other.

## **In addition to meeting the mandatory project requirement, all projects and applications should attempt to meet at least one of the project priorities (above):**

*-fit allowable CMRS fund spending criteria as outlined in 202 KAR 6:090*

*-address a specific inadequacy or gap in service (actual or potential)*

*-explain how the project will be sustained*

*-contain adequate budget information with reasonable and realistic cost projections and a detailed equipment listing*

*-show good technical planning with logical progression and specific timelines*

*-have proper management; technical and financial oversight*

*-avoid encumbering funds in outdated equipment and processes*

*-advise if there are emergency circumstances that should be considered*

*-advise if there are other fund sources being used on this project*

*-advise if this application completes an ongoing project*

*-properly disclose previous grant awards*

### **Specific Information Regarding 2015 CMRS Grants:**

- 1) Host/Remote applications may be submitted for the Board approved Hosts (see attachment), BUT, the grant applicant must already have selected their provider AND the provider should sign-off on the application to prove that they are able to accommodate the request within one year of the grant award.
- 2) Proposals for additional regional Host/Remote projects outside of the current Board approved Hosts will be considered, but the discretion to approve is left up to the Grant Committee.
- 3) The primary focus for this particular offering will be “other” PSAP needs/equipment outside of the 911 controller (ex: CAD, logging recorders, other hardware/software, furniture, IP phone systems, radios in the PSAP etc . . . ).
- 4) GIS projects will not be funded until the CMRS Board’s GIS Working Group completes their work. GIS hardware/software purchases will be considered however.
- 5) The 2015 CMRS Grant Workshop will be held on September 9<sup>th</sup>, 2015 at 1pm at the Louisville Crowne Plaza Hotel (airport location) in conjunction with the Kentucky Emergency Services Conference. A second Grant Workshop will be scheduled at the CMRS Board Office in Frankfort but the date has not been determined yet. Attendance at a 2015 CMRS Grant Workshop is mandatory to be eligible for apply for a grant.
- 6) New to 2015, all requests in excess of \$20,000 must be “procured” before the application is submitted. Applicants must complete an official RFP process, identify the items(s) to be purchased on the State Price Contract or submit proof of Sole Source. This shall be completed on the form “2015 CMRS Grant Proper Procurement Declaration” with appropriate documentation attached. Applicants shall follow their City or County procurement procedures, which will likely require assistance from those who handle the finances of the local government. The 2015 CMRS Grant applications will be “on the street” for 90 days to allow for the necessary amount of time for these processes to take place.
- 7) New to 2015, all award contracts will be initiated between the grant recipient and the CMRS Board. The 3% administrative fee allowed in previous grant cycles will no longer be allowed as part of the grant award. Applicants wishing to have agencies such as Area Development Districts write their application may do so at their own expense, however, the applicant name must be the PSAP or Local Government and may not be the Area Development District.

# 2015 CMRS Grant Application –Cover Sheet



**CMRS Board Use Only**

Date Received \_\_\_\_\_

**Application #**

15- \_\_\_\_\_

**CMRS Staff Initials**

Lead Applicant Agency \_\_\_\_\_  
(Example: 911 Board, City, County Fiscal Court, State Agency)

Partnering Cities/Counties \_\_\_\_\_  
Please list ALL cities/counties that partnered for this grant

**Project Information:**

Title \_\_\_\_\_

Project Summary \_\_\_\_\_  
A brief Project Summary that best fits your application

**Qualifying Funding Category (check one):**

- ☐ 1) Connection to existing Host/Remote configuration approved by the Board.  
☐ 2) New or improved 911 support equipment.  
☐ 3) Regional Host/Remote proposals outside of current Board approved deployments.  
☐ 4) Other.

**Budget Summary:**

(Budget costs should match any requested vendor quotes)

\$ \_\_\_\_\_ Equipment

\$ \_\_\_\_\_ Management & Administration

\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ **Total Amount Requested**

**Application Information:** Is this the continuation of an existing project funded by CMRS? ☐ Y ☐ N

**Program Officials:**

**Authorizing Official**

Judge Executive, Mayor, Ex. Director, etc.

**Project Manager**

Day to Day Grant Manager

**Financial Officer**

Treasurer, City Clerk, etc.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Original Signatures Required:**

\_\_\_\_\_  
Authorizing Official

\_\_\_\_\_  
Project Manager

\_\_\_\_\_  
Financial Officer

(REQUIRED, COVERSHEET)



## **2015 CMRS Grant Application Information Form**

**PSAP Name:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Population:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**PSAP Location:** *(If other than Mailing Address)* \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Explain service area:** *(County/ City/ Region etc.)* \_\_\_\_\_

**Which agencies does your 911 center provide dispatch services?**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PSAP currently providing:** *(circle one)*

Enhanced 911      Basic 911

**Total # of access lines (landline phones) in your PSAP's jurisdiction:** \_\_\_\_\_

**Landline Surcharge:** \_\_\_\_\_

**Total Estimated Volume of 911 Calls for prior year:** *(July-June)*

Wireline: \_\_\_\_\_

Wireless: \_\_\_\_\_

**Total:** \_\_\_\_\_

**What other sources of funding does the PSAP receive?**

_____
_____
_____
_____

(REQUIRED)

**Under what authority does the PSAP operate:** *(circle one)*

Agency    Local/Regional Board    Fiscal Court    City Government

**Authority Name:** \_\_\_\_\_

**Signing Authority Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Estimated start and completion dates for project MUST be provided. All projects MUST be able to be completed within a 12 month period UNLESS OTHERWISE STATED.**

**Start Date:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Has this PSAP (or other entity on behalf of the PSAP) received other grants for 911 purposes within the past three years, regardless of their source? Y or N**

**If yes, please list the source, the award amount and purpose. Is there any relation to the current request?**

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(REQUIRED)



# PSAP REVENUE/EXPENDITURE REPORT

For the period July 1, 2014 - June 30, 2015

KENTUCKY COMERCIAL MOBILE RADIO SERVICE  
(CMRS) EMERGENCY TELECOMMUNICATIONS BOARD

PSAP NAME: \_\_\_\_\_

## REVENUE (Amounts received July 1, 2014-June 30, 2015)

(5) Total Amount of CMRS funds received from CMRS Board	\$ -
(6) Total Amount of Wireline Revenues received	\$ -
(7) Total Amount of County or City General Funds received in current fiscal year	\$ -
(8) Total Amount of CMRS Grant Funds received in current fiscal year	\$ -
(9) Total Amount of Other Grant Funds received in current fiscal year	\$ -
(10) Total Amount of Interest received in current fiscal year	\$ -
(11) Total Amount of Other Funds received in current fiscal year	\$ -
(12) Total 911 funds available	\$ -

## EXPENDITURES

### Personnel Cost

(13) Dispatch Supervisor/Director Salary	Total Paid \$ -
(14) Dispatcher Salaries	\$ -
(15) Mapping/Addressing Salaries	\$ -
(16) Other Salaries	\$ -
(17) Retirement Contribution	\$ -
(18) Health Insurance	\$ -
(19) Other Fringe Benefits	\$ -

### Facility Costs

(20) Capital improvements	\$ -
(21) Lease or rental payments	\$ -
(22) Utilities	\$ -
(23) Telephone Service	\$ -
(24) Maintenance	\$ -
(25) Emergency Power Equipment	\$ -
(26) Insurance	\$ -
(27) Furniture and Fixtures	\$ -
(28) Office Supplies	\$ -
(29) Other Facility Costs	\$ -

### Training and Memberships

(30) On -Site Training	\$ -
(31) Conferences	\$ -
(32) Training Related Travel	\$ -
(33) Membership Dues	\$ -

### Equipment/Software

(34) 911 Controllers	\$ -
(35) 911 Trunks	\$ -
(36) Telephone Equipment	\$ -
(37) Remote 911 Hardware, Modems etc.	\$ -
(38) Computer workstations	\$ -
(39) Radio Systems	\$ -
(40) CAD System	\$ -
(41) GIS/ Mapping System	\$ -
(42) Software licenses	\$ -
(43) Maintenance/Service Agreements	\$ -
(44) Other Equipment and Software	\$ -

### Vehicle Expenses

(45) MSAG development and Maintenance	\$ -
(46) GIS Verification & Testing	\$ -
(47) Other	\$ -

### Professional Services

(48) Legal	\$ -
(49) Auditing	\$ -
(50) Mapping/Addressing	\$ -
(51) Other	\$ -
(52) Total Expenditures	\$ -

I, \_\_\_\_\_  
(name)

Certify that I have written or reviewed this Revenue/Expenditure Report and that all the information in the report is true and correct as of this date.

(REQUIRED)

2015 CMRS Grant Application



# PSAP BUDGET

For the period July 1, 2015 - June 30, 2016

KENTUCKY COMERCIAL MOBILE RADIO SERVICE  
(CMRS) EMERGENCY TELECOMMUNICATIONS BOARD

**PSAP NAME:** \_\_\_\_\_

## REVENUE (Amounts received July 1, 2015-June 30, 2016)

(5) Total Amount of CMRS funds projected from CMRS Board	\$ -
(6) Total Amount of Wireline Revenues projected	\$ -
(7) Total Amount of County or City General Funds projected in current fiscal year	\$ -
(8) Total Amount of CMRS Grant Funds projected in current fiscal year	\$ -
(9) Total Amount of Other Grant Funds projected in current fiscal year	\$ -
(10) Total Amount of Interest projected in current fiscal year	\$ -
(11) Total Amount of Other Funds projected in current fiscal year	\$ -
(12) Total 911 funds projected	\$ -

## EXPENDITURES

### Personnel Cost

	Total Budgeted
(13) Dispatch Supervisor/Director Salary	\$ -
(14) Dispatcher Salaries	\$ -
(15) Mapping/Addressing Salaries	\$ -
(16) Other Salaries	\$ -
(17) Retirement Contribution	\$ -
(18) Health Insurance	\$ -
(19) Other Fringe Benefits	\$ -

### Facility Costs

(20) Capital improvements	\$ -
(21) Lease or rental payments	\$ -
(22) Utilities	\$ -
(23) Telephone Service	\$ -
(24) Maintenance	\$ -
(25) Emergency Power Equipment	\$ -
(26) Insurance	\$ -
(27) Furniture and Fixtures	\$ -
(28) Office Supplies	\$ -
(29) Other Facility Costs	\$ -

### Training and Memberships

(30) On -Site Training	\$ -
(31) Conferences	\$ -
(32) Training Related Travel	\$ -
(33) Membership Dues	\$ -

### Equipment/Software

(34) 911 Controllers	\$ -
(35) 911 Trunks	\$ -
(36) Telephone Equipment	\$ -
(37) Remote 911 Hardware, Modems etc.	\$ -
(38) Computer workstations	\$ -
(39) Radio Systems	\$ -
(40) CAD System	\$ -
(41) GIS/ Mapping System	\$ -
(42) Software licenses	\$ -
(43) Maintenance/Service Agreements	\$ -
(44) Other Equipment and Software	\$ -

### Vehicle Expenses

(45) MSAG development and Maintenance	\$ -
(46) GIS Verification & Testing	\$ -
(47) Other	\$ -

### Professional Services

(48) Legal	\$ -
(49) Auditing	\$ -
(50) Mapping/Addressing	\$ -
(51) Other	\$ -
(52) Total Expenditures	\$ -

I, \_\_\_\_\_  
(name)

Certify that I have written or reviewed this Budget and that all the information in the report is true and correct as of this date.

(REQUIRED)

## **Financial Statement Glossary**

- (5) Includes all CMRS payments excluding grants.
- (6) Includes receipts derived from local wireline fees.
- (7) Included contributions received from cities, fiscal courts and other local governments.
- (8) Includes all grant money received from CMRS
- (9) Includes all grant money received from other sources.
- (10) Includes interest received on bank balance or other investments.
- (11) Includes all revenue not listed above.
- (12) Includes the total of revenue; should be the total of lines 5-11.
- (13) Includes the salary of the 911 director, supervisor or manager.
- (14) Includes the salary of 911 call takers and dispatchers.
- (15) Includes salaries attributable to mapping and addressing. This may be prorated from the salaries of other PSAP employees.
- (16) Includes all 911 related salaries not listed above.
- (17) Includes employer paid retirement contributions.
- (18) Includes employer paid health insurance.
- (19) Includes other employer paid fringe benefits.
- (20) Includes capital improvements made to the 911 facility.
- (21) Includes rent, lease or mortgage paid for the 911 facility.
- (22) Includes electricity, gas and other utilities paid for the 911 facility.
- (23) Includes 911 telephone bills paid for the 911 facility.
- (24) Includes the cost of maintenance and upkeep of the 911 facility.
- (25) Includes emergency power equipment purchased for the 911 facility.
- (26) Includes property and equipment insurance for the 911 facility.
- (27) Includes the cost of furniture & fixtures purchased for the 911 facility.
- (28) Includes office supplies purchased for use in the 911 facility.
- (29) Includes any other facility costs not included above.
- (30) Includes the cost of training at or near the 911 facility.
- (31) Includes the cost of 911 related conferences and seminars.
- (32) Includes the cost of mileage, meals, lodging, and other travel costs related to 911 training.
- (33) Includes the cost of 911 related membership dues.
- (34) Includes the cost of 911 controllers & related equipment and software.
- (35) Includes the cost 911 trunks and related equipment.
- (36) Includes telephones and related equipment.
- (37) Includes the cost of 911 hardware, modems etc. for use in remote locations.
- (38) Includes the cost of computer workstations and related hardware.
- (39) Includes the cost of radio systems and related equipment.
- (40) Includes the cost of Computer Aided Dispatch systems & related equipment and software.
- (41) Includes the cost of Geographic Information Systems and mapping equipment.
- (42) Includes the cost of 911 related software.
- (43) Includes the cost of equipment maintenance and service agreements.
- (44) Includes any other equipment and software not listed above.
- (45) Includes vehicle and mileage cost associated with the development and maintenance of a MSAG
- (46) Includes vehicle and mileage cost associated with Global Information Systems verification & testing.
- (47) Includes vehicle and mileage cost not listed above.
- (48) Includes 911 related legal and attorney fees.
- (49) Includes 911 related audit fees.
- (50) Includes fees paid for mapping and addressing contracts.
- (51) Includes any other professional fees not listed above.
- (52) Includes the total expenditures listed in each column; should be the total of lines 13-51.

Applicant Name: \_\_\_\_\_

**PROJECT DESCRIPTION AND JUSTIFICATION:** Describe the details of your project. What is the purpose and end goal of the project; the specific utilization of grant funds; and the impact on and improvement to your current 911 operations? Refer to “Grant Application Guidelines” (page 6) for the type of information to include in the project description. *(Recommended: 1-3 pages)*

(REQUIRED)

Applicant Name: \_\_\_\_\_

## ASSURANCES

ACCEPTANCE OF TERMS AND CONDITIONS: The grantee accepts and agrees to comply with all grant terms and conditions. The grantee understands that grants are contingent upon CMRS Board review and approval, the availability of funds and an application may only receive partial funding.

DISCLAIMER: The grantee certifies that the facts and information contained in this application and any attached documents are true and correct. A violation of this requirement may result in revocation of the grant, return of all funds and interest accrued (if any), to the CMRS Board and any other remedy provided by law.

NOTIFICATION OF AWARDS: The CMRS Board will announce awards upon approval.

CHANGES: No changes or departures from the original proposal shall be permitted unless the CMRS Board gives prior written authorization. Any unauthorized change will necessitate the return of grant funds.

Failure to utilize grant funds as represented may jeopardize eligibility for future funding.

## AUTHORITY

I hereby affirm my authority and responsibility for the use of funds requested and further certify that all statements and supporting data in the grant application are true and correct.

\_\_\_\_\_  
Authorizing Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public

(REQUIRED)

# **KENTUCKY CMRS GRANT FUND OVERVIEW OF ALLOWABLE COSTS AND GRANT TERMS AND CONDITIONS**

## **ALLOWABLE COSTS FOR PSAPs**

Allowable costs are listed in Kentucky Administrative Regulation 202 KAR 6:090.

<http://lrc.ky.gov/kar/202/006/090.htm>

## **ALLOWABLE COSTS FOR CARRIERS (PROVIDERS)**

Allowable costs are listed in Kentucky Administrative Regulation 202 KAR 6:020 Section 8.

<http://lrc.ky.gov/kar/202/006/020.htm>

## **OTHER COSTS**

Any exceptions to the allowable expenses must receive prior approval by the CMRS Board. The awardees shall provide full rationale for other costs submitted.

## **CMRS GRANT TERMS AND CONDITIONS**

CMRS Grant Terms and Conditions are available for download from the CMRS Grant Program page of the CMRS Board's website:

<https://cmrsboard.ky.gov>

## **CONTRACTS FOR EQUIPMENT, HARDWARE AND SOFTWARE**

Contracts with vendors for the purchase of equipment, hardware and software utilizing grant funds will contain the following conditions:

- 1) *The vendor represents and warrants that the equipment being purchased is Next Generation 911 enabled. Enabled means the equipment, hardware and software will not require additional modifications or updates to connect directly to an approved i3 solution as defined by the National Emergency Number Association (NENA).*
- 2) *The vendor will hold the purchaser harmless from any costs and actions in the event of any claim or allegation of patent infringement against the seller or manufacturer of any equipment, hardware, software, service or technology purchased from the vendor.*



## **Attachment #1**

### **Explanation of Category 1 Host/Remote Grants**

Beginning with the 2013 grant awards, the CMRS Board made the decision to steer all grant funds requested and approved for the purpose 911 controller equipment towards Board approved Host/Remote configurations. These solutions are IP based and allow for cost savings and additional disaster recovery capabilities. The PSAP is not responsible for the maintenance of the Host, as in most cases the Host is owned by the Provider (vendor).

For the 2013 and 2014 Category 1 awards, the CMRS Board awarded a dollar amount per position to a PSAP wishing to migrate from their existing 911 controller to one of the Board approved Host/Remote configurations and intends to do the same for the 2015 Category 1 awards. For the purpose of these awards, the number of positions awarded will be determined by the number of positions equipped with TDD's in your PSAP as self reported on the required annual PSAP Survey.

Beyond the CMRS Grant award per position, the PSAP is responsible for a monthly recurring cost per position paid to the vendor. The vendor will be responsible for communicating this cost to the PSAP as well as what is included in the monthly recurring cost and the PSAP will be expected to sign a 5 year agreement with the Provider.

The CMRS Board spent several months negotiating such topics as cost, equipment specifications, terms and conditions, required connectivity, configurations and timelines with the approved Host/Remote Providers. The Board approved Provider's equipment offerings are on some type of government contract and therefore not required to be procured by the local governments through an official bid process. Essentially, the CMRS Board has completed that work for you.

### **Below the existing Providers, their Host/Remote equipment and contact information is identified:**

#### **Provider: AT&T**

Equipment Type: Cassidian  
Contact: Craig Bennett  
(888) 831-7648  
[cb7368@att.com](mailto:cb7368@att.com)

#### **Provider: AT&T**

Equipment Type: Microdata  
Contact: Craig Bennett  
(888) 831-7648  
[cb7368@att.com](mailto:cb7368@att.com)

#### **Provider: Cincinnati Bell**

Equipment Type: Microdata  
Contact: Don Kiely  
(513) 397-7743  
[don.kiely@cinbell.com](mailto:don.kiely@cinbell.com)

#### **Provider: LFUCG**

\*LFUCG provides this solution in coordination with Windstream  
Equipment Type: Solacom  
Contact: Robert Stack  
(859) 258-3380  
[rstack@lexington911.ky.gov](mailto:rstack@lexington911.ky.gov)

#### **Provider: Kentucky State Police**

Equipment: Solacom  
Contact: Seth Hawthorne  
(270) 384-4796  
[seth.hawthorne@ky.gov](mailto:seth.hawthorne@ky.gov)

***\*For those applying for a Category 1 Host/Remote grant, the accompanied "Category 1 Selection Form" must accompany your application and include a signature from the provider you select confirming that it is feasible to have your PSAP successfully deployed as a remote from their Host within one year of receiving the grant award.***



## 2015 CMRS Grant Category 1 Application -----Selection Form-----

Grant Applicant Name: \_\_\_\_\_

Number of Positions Requested: \_\_\_\_\_

***Please check the box next to the Host/Remote Option you have chosen:***

- ☐ AT&T, Cassidian
- ☐ AT&T, Microdata
- ☐ Cincinnati Bell, Microdata
- ☐ Central Kentucky Network, Solacom
- ☐ Kentucky State Police, Solacom

Signature of Authorizing Official: \_\_\_\_\_

Signature of Provider\*: \_\_\_\_\_

Date: \_\_\_\_\_

***\*By signing this form, the Host/Remote Provider is confirming that if the award is granted to this PSAP, the PSAP will be successfully deployed as a remote from the selected host within one year of receiving the grant award.***

(REQUIRED, IF CATEGORY 1 APPLICANT)



## 2015 CMRS Grant Proper Procurement Declaration

Grant Applicant Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

*All grant applicants must complete the procurement process in advance of submission of the application.*

**Please check the box to identify the procurement method followed. The documentation provided MUST match the amount requested.**

- ☐ A) Official Request for Proposal (RFP) Completed  
☐ B) Items to be purchased on State Price Contract  
☐ C) Items to be purchased qualify for Sole Source Exemption  
☐ D) Items to be purchased do not exceed \$20,000

**Requirements for each of the above selections are identified below.**

### **A) Official Request for Proposal (RFP) Completed**

Vendor Selected: \_\_\_\_\_

Other Vendors Whom Responded: \_\_\_\_\_

**Please include the following documentation if Option A was selected:**

- A copy of the official RFP (should include the scoring criteria).
  - A copy of the RFP advertisement.
  - A copy of each response to the RFP (a few important pages including quote and description of services to be provided is sufficient).
  - A narrative describing why the winning bid was chosen.
- (REQUIRED)

**B) Items to be purchased on State Price Contract.**

Vendor Selected: \_\_\_\_\_

Master Agreement #: (MA) \_\_\_\_\_

Items #(s): \_\_\_\_\_

**Please include the following documentation if Option B was selected:**

-A copy of the vendor quote and description of services to be provided.

**C) Items to be purchased qualify for Sole Source Exemption.**

Vendor Selected: \_\_\_\_\_

**Please include the following documentation if Option C was selected:**

-A copy of the vendor quote and description of services to be provided.

-A narrative signed by your purchasing official (County/City Treasurer or the equivalent) justifying the Sole Source Exemption.

**D) Items to be purchased do not exceed \$20,000.**

Vendor Selected: \_\_\_\_\_

**Please include the following documentation if Option D was selected:**

-A copy of the vendor quote and description of services to be provided.

**This form MUST be signed by your purchasing official (County/City Treasurer or the equivalent).**

***"I certify that the information reported in this document is true and the Kentucky Model Procurement Code (KRS 45A) was followed in the procurement of the items requested in this grant application."***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(REQUIRED)

## **2015 Kentucky Office of the 911 Coordinator/CMRS Board**

### **Grant Application Evaluation**

Application # \_\_\_\_\_ Applicant \_\_\_\_\_

#### **Mandatory Project Requirement**

1) Application is Consistent with the State 911 Plan.

#### **Project Priorities**

- |  |   |
|--|---|
| 1) Emergency –dire need just to survive.       | 2) Compliance with State 911 Plan and NG911 themes.                                       |
| 3) Efficiency in cost and/or service delivery. | 4) Regional impact/regionalization.   |
| 5) Innovation.                                 | 6) Applicant exhibits sustainability/project helps the applicant become more sustainable. |

#### **Funding Categories (check one):**

- \_\_\_\_\_ 1) Connection to existing Host/Remote configuration approved by the Board
- \_\_\_\_\_ 2) New or improved 911 PSAP support equipment.
- \_\_\_\_\_ 3) Regional Host/Remote project proposals outside of current Board approved deployments.
- \_\_\_\_\_ 4) Other.

#### **Evaluation Criteria (each criteria will receive a separate score):**

- The proposal is consistent with the State 911 Plan.
- The proposal meets one or more of the project priorities.
- The proposal clearly illustrates a critical problem or gap in service.
- The proposal is a strong and/or innovative solution to address the problem.
- The proposal has a reasonable deployment plan and timeline.
- The proposal has a viable plan to sustain and maintain the solution long term.
- The proposal demonstrates a convincing reason for funding.
- The proposal is an ideal and allowable use of CMRS Funds.
- The proposal followed and documented the proper procurement procedures.

#### **Each Evaluation Criteria will be evaluated in the following manner:**

- Excellent (3 points)
- Good (2 points)
- Acceptable (1 point)
- Not Acceptable (0 points)

***\*Each grant application will receive a Peer Review, CMRS Grant Committee Review and will be evaluated by Technical Consultants. The CMRS Board will make the ultimate award decision and all decisions by the Board are final.***

#### **Comments and Feedback:**